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FACSIMILE TRANSMITTAL SHEET

TO:	Technology Center 2636	FROM:	Tracy M. Heims
COMPANY:	U.S. Patent & Trademark Office	DATE:	1/5/2006
FAX NUMBER:	(571) 273-8300	TOTAL NO. OF PAGES INCLUDING COVER:	6
PHONE NUMBER:	(571) 272-2978	SENDER'S REFERENCE NUMBER:	003-03-017
RE:	Amendment & Request for Reconsideration	YOUR REFERENCE NUMBER:	10/623,450

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☒ PLEASE FILE

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Included herewith: PTO/SB/21 Transmittal Form (1 page), Amendment and Request for Reconsideration (3 pages), Corrected Drawings (1 page).

Please direct any questions concerning this application to Tracy M Heims at the phone number listed above.

Sincerely,


Tracy M Heims

JAN 05 2006

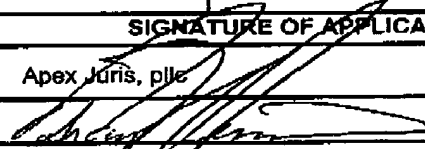
PTO/SB/21 (09-04)

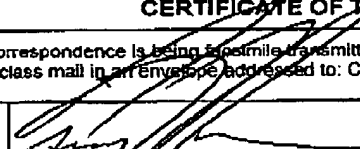
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/623,450	
	Filing Date	07/21/2003	
	First Named Inventor	Chang-Ming Yang	
	Art Unit	2636	
	Examiner Name	Julie Bichngoc Lieu	
Total Number of Pages in This Submission	5	Attorney Docket Number	003-03-017

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Apex Juris, PLLC	
Signature		
Printed name	Tracy M Heims	
Date	01/05/2006	Reg. No. 53,010

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Tracy M Heims	Date	01/05/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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